Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>04-11-2010</u>	Address:	Behind the residence
Case #:	<u>16F19649</u>		located at 1604 Rue
County:	Howard (34)		Royal Court
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Four	nd: Location (bedroom, kitchen, open a	ir, etc)	
(check all the Lithium	hat apply) n/Ammonia Reaction(s): open field		
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
☐ Water F	Reactive Metal (Lithium):		•
Anhydrous Ammonia:			
Hydroc	hloric Acid Gas Generator(s):		
Corrosi	ve Acid:		
Corrosi	ve Base:		
Other (i	tem and location):		
\square Yes $\underline{0}$ (er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	e Information e/Pseudoephedrine Tracking Log erchant Tip
This report	t is to be faxed to the following ager	icies that serve the lo	ocation:
Health Dep	ment: Kokomo Fire Dept. artment: Howard Co. Health Dept. ction Service: N/A	Fax: <u>765-4.</u> Fax: <u>765-4.</u> Fax: <u>N/A</u>	
For further Investigatin	information regarding this methamph g Officer: T.J. Zeiser Pho	etamine laboratory, co ne <u>765-473-6666</u>	ontact

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.